

STATE OF ALABAMA
ELECTRICAL CONTRACTORS LICENSING BOARD
INSTRUCTIONS TO APPLY FOR
JOURNEYMAN LICENSE BY EXAMINATION

Statewide Journeyman licenses are issued by examination.

Persons applying for statewide Journeyman examination must demonstrate a minimum of (4) years experience that shows that you have the necessary qualifications, training and technical knowledge to install electrical wiring, apparatus or equipment, light, heat or power. Also, he shall be capable of doing said work according to plans and specifications furnished to him and in accordance with standard rules and regulations governing such work. A substantial part of the work you performed must have been commercial or industrial. For each employer listed, you must submit a list of jobs and the name of the master or state certified electrical contractor that supervised the electrical construction activities, on pages 4 and 5 of application. Applicant may substitute (1) year education in an electrical curriculum for (½) year electrical experience for a maximum of (1) year credit of the (4) years experience requirement.

**COMPLETE NOTARIZED APPLICATION MUST BE RETURNED BY THE DEADLINE,
ALONG WITH THE EXAMINATION FEE OF \$115.00 IN CASHIER'S CHECK, OR MONEY
ORDER**

Alabama Electrical Contractors Board
610 S. McDonough St.
Montgomery, AL 36104

THE APPLICATION FEE FOR EACH EXAMINATION IS NON-REFUNDABLE AFTER APPLICATION HAS BEEN APPROVED. MAKE FEE PAYABLE TO: ALABAMA ELECTRICAL CONTRACTORS BOARD. INDICATE NAME OF PERSON FOR WHOM FEE IS BEING SUBMITTED.

After officially being notified of passing the examination, the applicant has thirty (30) days to pay the required license fee to obtain a license. The license fee is \$35.00.

Licenses are issued to individuals only.

If you have any questions concerning this application please contact the Board office at the above address or telephone (334) 269-9990, Ext. 10.

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EXAMINATION AS AN JOURNEYMAN ELECTRICIAN IN ACCORDANCE WITH ACT 88-129 STATE OF ALABAMA.

NAME IN FULL _____
LAST FIRST MIDDLE

RESIDENCE ADDRESS _____
STREET CITY STATE ZIP CODE

NAME OF EMPLOYER _____

EMPLOYER'S ADDRESS _____
STREET CITY STATE ZIP CODE

BUSINESS MAILING ADDRESS _____

TELEPHONE: (HOME) _____ (Business) _____
(Area Code) (Area Code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

Have you ever been convicted of a Felony or Misdemeanor other than a traffic violation? If yes, explain _____

The Board reserves the right to correspond with any employers and references listed in this application to check all information given.

Please list below the names, addresses and telephone numbers of three (3) persons other than relatives who have knowledge of your experience in electrical work to whom the Electrical Contractors Board may refer:

1. _____

2. _____

3. _____

BUSINESS ENTITY JOBS LIST

LIST OF JOBS AND/OR EDUCATION TO DEMONSTRATE FOUR (4) YEARS EXPERIENCE.
List in Chronological Order

ELECTRICAL CONTRACTORS BOARD
610 S. McDonough St.
Montgomery, AL 36104

NAME OF APPLICANT _____

A. Job start date (Mo/Yr) — — — — —	Name and Description of the Job	Location City — State	Name of Supervisor	Name of Electrical Contractor	Describe actual duties that you performed on this job
B. Job Completion date (Mo/Yr)					
A. — — — — —					
B.					
A. — — — — —					
B.					
A. — — — — —					
B.					
A. — — — — —					
B.					

NOTE: If you require additional space, photo copy this page and attach additional pages to application.

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B.					
A. — — — — —					
B.					
A. — — — — —					
B.					
A. — — — — —					
B.					

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The undersigned hereby declares that the information is a true statement of the experience of the individual herein first named as of the date herein first given; that this statement is for the express purpose of inducing the Electrical Contractors Board, to whom it is submitted, to issue to the submitter a State-wide Journeyman license; and that any business entity or individual herein named is hereby authorized to supply such party with any information necessary to verify this statement.

SIGNATURE OF APPLICANT

DATE

ATTACH
PHOTOGRAPH
HERE

Subscribed and Sworn to before me
this _____ day of _____

THUMB PRINT TO BE
IMPRINTED UPON RECEIPT OF
TEST BOOKLET

NOTARY SEAL—SIGNATURE OF NOTARY PUBLIC

My Commission Expires _____
Commission Stamp

FOR BOARD USE ONLY

APPLICATION FEE PAID _____ REMITTANCE # _____

LICENSE FEE PAID _____ REMITTANCE # _____

LICENSE NUMBER _____ DATE LICENSED _____

NAME OF LICENSEE _____

DATE APPLICATION REVIEWED: _____ REVIEWED BY: _____

APPROVED FOR EXAMINATION: _____

DISAPPROVED FOR EXAMINATION DUE TO: _____

DATE EXAM GIVEN	EXAM NUMBER	SCORE	REVIEWED BY

EMPLOYMENT AFFIDAVIT

The information below is requested by the Alabama Electrical Contractors Board and must accompany the application of an applicant to take the Electrical Contractors Examination or Journeyman Electricians Examination.

Applicant must furnish the Board a separate affidavit from each employer listed on his application, certifying the hours in electrical construction work. Applicant CANNOT certify his/her own electrical construction hours.

TYPE OR PRINT ONLY

On this _____ day of _____ 20____, I hereby certify that

(Last Name) (First Name) (Middle Initial)

_____, was employed by _____
Social Security Number Company Name

_____ in the capacity of:
Company Address, City, State, Zip Code

(If employed in more than one capacity, list each position and the period of time applicable).

E First Position **apprentice electrician** from the 14th day of **November 1990**
X through the **30th** day of **August 1992**.
A Second Position **journeyman electrician** from the **1st** day of **September 1992**
M through the **30th** day of **December 1994**.
P Third Position **electrical supervisor** from the **3rd** day of **January 1995**
L through the **30th** day of **September 1997**.
E

First Position _____ from the _____ day of _____,
through the _____ day of _____, _____. Total hours worked _____

Second Position _____ from the _____ day of _____,
through the _____ day of _____, _____. Total hours worked _____
***(Only list time in hours not years. Multiply each year by 2,000 to convert years to hours.)**

Total Time Worked _____

I certify that the above statements are true and correct according to the Company Records and/or my personal knowledge.

This _____ day of _____ 20____

Name (PLEASE PRINT)

Signature

NOTARY

Company

My Commission Expires _____

LIC # or Title

(Seal)

(_____) (_____) _____
Phone Fax

Email: _____

IF THIS FORM IS NOT FILLED OUT ENTIRELY, THE APPLICATION WILL BE DENIED

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